PEER REFERENCE LETTER MEDICAL OR DENTAL

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS
310 Whittington Parkway, Suite 200 Louisville, KY 40222

Name: (Last) _____ (First) _____ (MI) __

Professional Degree _____ DOB _____

Field of Practice _____

KY State License Number _____ KY Medicaid Number _____

Practice Name _____

Office Address _____
City State Zip Code Country

The OCSHCN would appreciate your evaluation of the above referenced practitioner who has applied for appointment or re-appointment to our medical staff in the field of practice indicated above. The practitioner has given your name as a peer reference.

Please complete the following information and return to us at your earliest convenience.

1 To your knowledge, has this practitioner ever been subject to any disciplinary action, such as reprimand, suspension, or voluntary or involuntary termination? If yes, provide details below. Yes ☐ No ☐

2 Are you aware of any physical, mental or chemical dependency condition, that would affect this competence to practice in his or her field? If yes, provide details below. Yes ☐ No ☐

3 If you are the applicant's specialty training program director, did the applicant satisfactorily complete their specialty-training program? If no, provide details below. (Leave answer unchecked if you are not the director). Yes ☐ No ☐

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Evaluation: This evaluation shall be based on demonstrated performance compared to that reasonably expected of a practitioner at his or her level of training, experience, and background.

		Above Average	Average	Below Average	No Knowledge
4	Medical and clinical knowledge	☐	☐	☐	☐
5	Technical and clinical skills	☐	☐	☐	☐
6	Clinical judgment	☐	☐	☐	☐
7	Interpersonal skills (cooperative, ability to work with others)	☐	☐	☐	☐
8	Communication skills	☐	☐	☐	☐
9	Professionalism	☐	☐	☐	☐

10 The above information is based on which of the following:

Close personal observation: ☐ A composite of evaluations: ☐ General impressions: ☐

11 Recommendation:

Recommend without reservation: ☐ Do not recommend: ☐ Recommend with the following reservations: ☐

Reservations:_____
_____
_____
_____

Do you wish to be contacted to provide additional information? Yes ☐ No ☐

Phone #:_____

_____
Printed Name

_____
Title

_____ _____
Signature Date